

STATE OF UTAH - LABOR COMMISSION  
Division of Industrial Accidents  
P. O. Box 146610  
Salt Lake City, UT 84114-6610  
(801) 530-6800 1-800-530-5090 TDD(801)530-7685

## APPLICATION TO CHANGE DOCTORS

\_\_\_\_\_  
Name of Injured Person

Carrier File No: \_\_\_\_\_

\_\_\_\_\_  
Home Address (street)

Social Security No: \_\_\_\_\_

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home Phone Number

On \_\_\_\_\_, 19\_\_\_\_, I sustained an injury/occupational disease arising out of and in the course of my employment, while employed by: \_\_\_\_\_

Employer Name

Phone Number

Address

City/ State/ Zip

Briefly describe how accident occurred, parts of body injured, and results:

\_\_\_\_\_  
\_\_\_\_\_  
I have been treated by the following doctors (Give full names and addresses in the order in which they were seen): \_\_\_\_\_

I asked my present doctor for a referral. Yes \_\_\_\_ No \_\_\_\_ Referral was approved. Yes \_\_\_\_ No \_\_\_\_

I would like permission to change: From Dr. \_\_\_\_\_

Give full name, title (M.D., D.C., etc.), address and zip

To Dr. \_\_\_\_\_

Give full name, title (M.D., D.C., etc.), address and zip

My reasons for wanting to change are: \_\_\_\_\_

MAIL THIS REQUEST TO: Insurance Carrier/Adjustor: \_\_\_\_\_  
Street or Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### ACTION ON REQUEST

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Reasons for denial: \_\_\_\_\_

\*\*\* Copies of this form approved or denied, must be mailed promptly to the applicant and to the doctor, whom the applicant has requested to be the treating physician. See rule on back!

Street Address: Heber Wells Bldg, 160 East 300 South, 3rd Floor, Salt Lake City, UT

**R612. Labor Commission - Industrial Accidents.**

**R612.2. Workers' Compensation Rules - Health Care Providers.**

**R612-2-9. Changes of Doctors and Hospitals.**

A. It shall be the responsibility of the insurance carrier or self-insured employer to notify each claimant of the change of doctor rules. Those rules are as follows:

1. If a company doctor, designated facility or PPO is named, the employee must first treat with that designated provider. The insurance carrier or self-insured employer shall be responsible for payment for the initial visit, less any health insurance copays and subject to any health insurance reimbursement, if the employee was directed to and treated by the employer's or insurance carrier's designated provider, and liability for the claim is denied and if the treating physician provided treatment in good faith and provided the insurance carrier or self-insured employer a report necessary to make a determination of liability.

Diagnostic studies beyond plain x-rays would need prior approval unless the claimed industrial injury or occupational illness required emergency diagnosis and treatment.

2. The employee may make one change of doctor without requesting the permission of the carrier, so long as the carrier is promptly notified of the change by the employee.

(a) Physician referrals for treatment or consultation shall not be considered a change of doctor.

(b) Changes from emergency room facilities to private physicians, unless the emergency room is named as the "company doctor", shall not be considered a change of doctor. However, once private physician care has begun, emergency room visits are prohibited except in cases of:

(i) Private physician referral, or

(ii) Threat to life.

3. Regardless of prior changes, a change of doctor shall be automatically approved if the treating physician fails or refuses to rate permanent partial impairment.

B. Any changes beyond those listed above made without the permission of the carrier/self-insurer may be at the employee's own expense if:

1. The employee has received notification of rules, or

2. A denial of request is made.

C. An injured employee who knowingly continues care after denial of liability by the carrier may be individually responsible for payment. It shall be the burden of the carrier to prove that the patient was aware of the denial.

D. It shall be the responsibility of the employee to make the proper filings with the division when changing locale and doctor. Those forms can be obtained from the division.

E. Except in special cases where simultaneous attendance by two or more medical care practitioners has been approved by the carrier/employer or the division, or specialized services are being provided the employee by another physician under the supervision and/or by the direct referral of the treating physician, the injured employee may be attended by only one practitioner and fees will not be paid to two practitioners for similar care during the same period of time.

F. The Commission has jurisdiction to decide liability for medical care allegedly related to an industrial accident.